

HOW TO APPLY FOR FREE OR REDUCED-PRICE SCHOOL MEALS

Follow these instructions to help you fill out the application for free or reduced-price meals. You only need to apply one per family, even if your children attend more than one school in the Union County School District. The application must be filled out completely to guarantee your children free or reduced-price meals. Follow these instructions in order. Each step of the instructions follows the order of the steps in the application. If at any time you are unsure of what to do next, please contact Kelly Hicks at khicks@union.k12.ms.us, or at 662-534-1960.

USE A PEN (NOT A PENCIL) TO FILL OUT THE APPLICATION AND WRITE AS CLEARLY AS POSSIBLE.

| | | | |
|---|--|---|--|
| STEP 1: LIST ALL FAMILY MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING 12TH GRADE | | | |
| <p>Tell us how many babies, children, and college students are in your family. They do NOT have to be related to you to be part of your family.</p> <p>Who should I list here? When filling out this section, please include ALL members of your family who are:</p> <ul style="list-style-type: none"> • Children 18 years of age or younger, AND financially dependent on family income; • In their care in foster care or who are homeless, whether they are migrants or young runaways; • Students of Union County School District, regardless of age. | | | |
| <p>A) List the name of each child. Write each child's name. Use one line of the application per child. When writing names, put a letter in each box. Stop if you run out of space. If there are more children than lines on the application, attach a second sheet with all the required information of the additional children.</p> | <p>B) Is the child a student of Union County School District Check "Yes" or "No" in the column titled "Student" to indicate that children attend Union County School District. If you have checked "Yes," type the student's grade level in the "Grade" column on the right.</p> | <p>C) Do you have any children in foster care? If any of the children listed are in foster care, check the "Child in Foster Care" box next to the child's name. If you are ONLY applying for children in foster care, after you finish STEP 1, go to STEP 4. <u>Children in foster care who live with you count as members of your family and must be listed on the application.</u> If you are applying for both children in foster care and for children who are not in foster care, go to step 3.</p> | <p>D) Are any of the children homeless, immigrant, or runaway? If you think some of the children you have listed in this section fit this description, check the "Homeless, Immigrant, Runaway" box next to the child's name and fill out all the steps of the application.</p> |
| STEP 2: DO ANY FAMILY MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR? | | | |
| <p>If someone in your family (including you) is currently participating in one or more of the assistance programs listed below, your children can apply for free school meals:</p> <ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP). • Temporary Assistance for Needy Families (TANF). • Food Distribution Program on Indian Reservations (FDPIR). | | | |
| <p>A) If no one in your family participates in any of the programs listed above:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. | <p>B) If anyone in your family participates in any of the programs listed above:</p> <ul style="list-style-type: none"> • Enter a file number on SNAP, TANF, or FDIPIR. You just need to provide a file number. If you participate in one of these programs and do not know your file number, please contact: Union County Health Department at 662-534-1926 • Go to STEP 4. | | |
| STEP 3: REPORT INCOME FOR ALL FAMILY MEMBERS | | | |
| <p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the lists titled "Adult Sources of Income" and "Child Sources of Income" printed on the back of the application to determine if your family has income to report. • Report all amounts GROSS RECEIPTS ONLY. Report all income in dollars in whole numbers. Do not include pennies. <ul style="list-style-type: none"> ○ Gross income is the total income received before taxes ○ Many people think of income as the amount they "take home" and not the total, the "gross" amount. Make sure the income you report on this application has NOT been reduced to pay taxes, insurance premiums, or any other amount that is deducted from your pay. • Type a "0" in any field where there is no income to report. Any income fields that are left empty or blank will also count as zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income has been incorrectly declared, your application will be investigated. • Mark how often you receive each type of income using the boxes to the right of each field. | | | |
| 3.A. REPORTING CHILDREN'S INCOME | | | |
| <p>A) Declare all income earned or received from children. Report the combined gross income of ALL children in your family listed in STEP 1 in the box marked "Total Child Income." Only count the income of children in foster care if you apply by including them with the rest of your family.</p> <p><i>What is the child's income?</i> The child's income is money received outside of his family and paid DIRECTLY to his children. Many families do not have this type of income.</p> | | | |
| 3.B DECLARE ADULT INCOME | | | |

STEP 3: REPORT INCOME FOR ALL FAMILY MEMBERS

Who should I list here?

- When filling out this section, include ALL adult members of your family who live with you and share income and expenses, even if they are not related and do not receive their own income.
- **DO NOT include:**
 - People who live with you, but who are not financially dependent on family income OR contribute their income to the family.
 - The children and students already listed in **STEP 1.**

a) List the names of the adult members of the family. Type the name of each family member in the boxes marked "Names of Adult Family Members (First and Last Name)." Do not include any family members listed in STEP 1. If any of the children listed in **STEP 1** have income, follow the instructions in **STEP 3, Part A.**

b) Declare professional income. Declare everything you earn in your professional activity in the field of the application "Professional income". Normally, this is the money received by working. If you are self-employed or own a farm, you will need to declare your net income.

What happens if I am self-employed? Report your net income from your job. This is calculated by subtracting your company's total operating expenses from your gross revenue.

c) Declare income from public assistance/child support/alimony. Report all applicable income in the "Public Assistance/Child Support/Alimony" application field. Do not report the cash value of any public assistance benefit that is NOT listed. If you receive child support or alimony income, only report court-ordered payments. Regular informal payments should be reported as "other" in the next part.

d) Declare pension/retirement/other income. Report all applicable income in the "Pension/retirement/other" application field.

e) Declare the total size of the family. Type the total number of family members in the "Total family members (children and adults)" field. This number **MUST** equal the number of family members listed in **STEPS 1** and **3.** If you forgot to list any of your family members on the application, go back and add them. It is very important to list all family members, as the size of your family affects your application for free or reduced-price meals.

f) Provide the last four digits of their Social Security number. You must write the last four digits of the Social Security numbers in the space provided for one of the adult family members. You are entitled to apply for benefits even if you do not have a Social Security number. If no adult in the family has a Social Security number, leave this space blank and check the box on the right "Check if you don't have an SS number."

STEP 4: CONTACT INFORMATION AND SIGNATURE OF AN ADULT

All applications must be signed by an adult family member. By signing the application, that family member promises that all the information stated is truthful and complete. Before finalizing this section, please also make sure that you have read the privacy and civil rights statement on the back of the application.

A) Provide your contact information. Enter your current address in the fields provided if this information is available. If you do not have a permanent address, your children are still eligible to request free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but it helps us get back to you quickly if necessary.

B) Write your name and sign. Write the name of the adult who is going to sign the application, that person will sign in the "Adult Signature" box.

C) Write today's date. In the space allotted, type today's date in the box.

D) Sharing the ethnic and racial identity of children (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and your children will still be eligible to apply for free or reduced-price school meals.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025

| Household size | Yearly | Monthly | Weekly |
|-------------------------|-----------|----------|--------|
| 1 | \$ 27,861 | \$ 2,322 | \$ 536 |
| 2 | 37,814 | 3,152 | 728 |
| 3 | 47,767 | 3,981 | 919 |
| 4 | 57,720 | 4,810 | 1,110 |
| 5 | 67,673 | 5,640 | 1,302 |
| 6 | 77,626 | 6,469 | 1,493 |
| 7 | 87,579 | 7,299 | 1,685 |
| 8 | 97,532 | 8,1289 | 1,876 |
| Each additional person: | +9,953 | +830 | +192 |

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

| Sources of Income | | Examples of Income for Children |
|--|--|---|
| <p>Earnings from Work</p> <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing | <p>Public Assistance/Alimony/Child Support</p> <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits | <ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust |
| <p>Pensions/Retirement/All other sources of income</p> <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household | | |

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Not Hispanic or Latino

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income How often? Weekly Every 2 Weeks 2x-Monthly Monthly Annual

Household size Categorical Eligibility Eligibility Free Reduced Denied

Determining Official's Signature Date Verifying Official's Signature Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.